

OCT 25 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35121

1. PLACE OF DEATH

County Ray  
Township 2 S. 1 E.  
City Wayles

Registration District No. 751  
Primary Registration District No. 5990

File No. 53  
Registered No. 1347

2. FULL NAME

(a) Residence, No. 1 St., Wayles Ward. 1  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —  
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayles - Mo.

13. NAME A. C. Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayles - Mo.

15. MAIDEN NAME Cora Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayles - Mo.

17. INFORMANT (ADDRESS) Wayles - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayles - Mo.

19. UNDERTAKER (ADDRESS) Wayles - Mo.

20. FILED Sept 27, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Sept 5, 1937.  
I last saw him alive on Sept 3, 1937. Death is said to have occurred on the date stated above, at 11/2 pm.  
The principal cause of death and related causes of importance were as follows:

sho calitis

Other contributory causes of importance:

1 year old

Name of operation none Date of —  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? — Date of injury —, 19—  
Where did injury occur? — (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —  
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify —  
(Signed) W. E. Whitcomb M. D.  
(Address) Wayles - Mo.

Registrar.

